

Name of Person Filing:

In this case I am:

In this case I am:

If Represented by Attorney:

My Address (if not protected):

City, State, Zip Code:

Telephone Numbers:

ATLAS Number (if applicable):

☐ Petitioner ☐ Respondent ☐ 3rd Party

☐ Representing Myself (No Attorney), or

Attorney Bar Number: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Name of Petitioner (in original case)

Case Number: _____

PETITION TO MODIFY CHILD PARENTING TIME ("Visitation") and CHILD SUPPORT

Name of Respondent (in original case)

I, _____ am the ☐ Petitioner or ☐ Respondent or ☐ Other Party
(print your name) and make the following statements to the Court:

GENERAL INFORMATION:

1. Information about Me, the person filing (requesting) this modification:

Name: _____

Address: _____

How *I* am related to child(ren) for whom the PARENTING TIME order should be changed:

☐ Mother or ☐ Father or ☐ Other: (explain) _____

2. Information about Other Parent: (if the person filing this modification is one of the parents.) (If someone *other than* one of the parents is filing this request, then list the information about one of the parents, then the information about the other parent below.)

Name: _____

Address: _____

How *this party* is related to child(ren) for whom the PARENTING TIME order should be changed:

☐ Mother or ☐ Father

Information about the Other Parent or Other Party (if there is a non-parent involved the case
other than the person whose information has already been listed in (1) above) :

Name: _____

Address: _____

How *this party* is related to child(ren) for whom the PARENTING TIME order should be changed:

☐ Mother or ☐ Father or ☐ Other: (explain) _____

3. Information About the Child(ren) for whom I want the Order changed:

Name: _____	Name: _____
Birth Date: _____ Age: _____	Birth Date: _____ Age: _____
Name: _____	Name: _____
Birth Date: _____ Age: _____	Birth Date: _____ Age: _____

☐ There are more than four (4) children. I have attached a separate page titled "Information about the Children for whom I want the Order Changed", listing this same information for all.

4. Affidavit Regarding Minor Children. ☐ The children have resided in Arizona since the entry of the last Arizona Custody Order **or** (if not) ☐ I have attached an "Affidavit Regarding Minor Children".

5. Information about the Order I want to change:

The Order was issued on: _____ (Month/Day/Year)

The Order was issued by: _____ (Name of Court)

Located in this County: _____ (Name of County)

Located in this State: _____ (Name of State)

And each of the following is a true statement:

- The child(ren) have lived in Arizona for at least six (6) months before the date I am filing this Petition or since birth, if younger than six (6) months.
- If the Order was not issued by the Superior Court of Arizona in this county, the case has already been transferred to this county and has a Maricopa County case number.

WHAT YOUR ORDER NOW SAYS: Put in **WORD FOR WORD** the part of the decree/order you want to change. (Use extra paper if necessary) _____

6. DOMESTIC VIOLENCE. ☐ No significant domestic violence has occurred, **or** ☐ domestic violence has occurred. Explain: _____

7. WHY THE DECREE/ORDER SHOULD BE CHANGED: These are my reasons why I believe that a change of parenting time is in the best interest of the child(ren) (Use extra pages if necessary): _____

8. MEDIATION / ADR (Alternative Dispute Resolution) REQUIREMENTS IN PRIOR ORDER:

- ☐ The current Court Order *does not* require the parties to pursue Mediation or ADR before filing to modify (change) custody or parenting time ("visitation"). **OR**
- ☐ The current Court Order *does* require the parties to pursue Mediation or ADR before filing to modify custody or parenting time, and this is what I/we have done to comply with that requirement:

REQUESTS I MAKE TO THE COURT:**A. PARENTING TIME** to the ☐ **Mother** or ☐ **Father** or ☐ **Other** (non-parent)

1. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the Maricopa County Parent/Child Parenting time/Access Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the attached Parenting Plan; **OR**
3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father** or ☐ **Other**
Supervised parenting time or no parenting time is requested for the following reasons: _____

(**Only** use this section below if needed because there is a 3rd (third) party *in addition to* the parents involved in this case) **PARENTING TIME** to the ☐ **Mother** or ☐ **Father** or ☐ **Other** ("visitation" if to non-parent) **as follows:**

1. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the Maricopa County Parent/Child Parenting Time Guidelines; **OR**
2. ☐ **Reasonable parenting time** to the parent/party who does not have custody according to the attached Parenting Plan; **OR**
3. ☐ **Supervised parenting time** but only in the presence of another person; **OR**
4. ☐ **No parenting time** rights to ☐ **Mother** or ☐ **Father** or ☐ **Other**
Supervised parenting time or no parenting time is requested for the following reasons: _____

The costs of travel related to parenting time/visitation over 100 miles one way shall be shared as follows:

Mother _____ % **Father** _____ %

B. CHILD SUPPORT. ☐ **Mother** or ☐ **Father** should pay child support to ☐ **Mother** or ☐ **Father** or ☐ to **Other** party in the amount of \$ _____ per month on the first day of every month, beginning the first day of month following the filing of this Petition based upon the attached "**Child Support Worksheet**." All child support payments should be made through the Support Payment Clearinghouse, and will be subject to an applicable statutory fee through an automatic Order of Assignment.

C. MEDICAL, DENTAL, VISION CARE.

- | | |
|--|--|
| <input type="checkbox"/> Mother should be responsible for providing: | <input type="checkbox"/> medical <input type="checkbox"/> dental <input type="checkbox"/> vision care insurance. |
| <input type="checkbox"/> Father should be responsible for providing: | <input type="checkbox"/> medical <input type="checkbox"/> dental <input type="checkbox"/> vision care insurance. |
| <input type="checkbox"/> Other Party should be responsible for providing: | <input type="checkbox"/> medical <input type="checkbox"/> dental <input type="checkbox"/> vision care insurance. |

Case No. _____

Mother and Father will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the child(ren) in proportion to their respective incomes.

D. FEDERAL INCOME TAX DEDUCTION.

Child's Name	Date of Birth (Month, Day, Year)	Parent Entitled to Deduction	For Calendar Year
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	
		<input type="checkbox"/> Mother <input type="checkbox"/> Father	

For years following those listed above while this Child Support Order remains in effect, the parties shall repeat the pattern above of claiming deductions for each child.

E. OTHER ORDERS. I request further Orders relating to this matter as follows: _____

F. OATH OR AFFIRMATION AND VERIFICATION

I swear or affirm that the information on this document is true and correct under penalty of perjury.

Signature

Date

Sworn to or Affirmed before me this: _____ by _____
(Date) Printed Name of Person Who Signed

Seal / My Commission Expires: _____
Deputy Clerk or Notary Public